

In The UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA
Petition For Bad faith, Fraud, Deceit, Emotional Duress, And to Realize Money Owed

Plaintiff
1 Matthew Thomas Lester
9734 South Delaware Court# 1704
Tulsa, OK 74137

VS.

2 Defendant
Minnesota life Insurance Company
A Securian company
400 Robert Street North
St. Paul, MN 55101-2098

13 CV - 443 JED - PJC

FILED

JUL 22 2013

Phil Lombardi, Clerk
U.S. DISTRICT COURT

fees
pol

I Matthew Thomas Lester bring before this court the facts.

Stephen Thomas Lester my dad in life had life insurance with Minnesota life Insurance policy 23794400. He died September 5th 2009. The policy was for \$5,000,000. The policy was not paid out when the claim was field. The account of Fraud is when they sent on more than one account their statement that there was an Aviation Exclusion Rider in the policy. This Deceit put me threw Emotional Duress. There was no Aviation Exclusion Rider in the policy and the one they Fraudulently claim to be in there is null and void, as it is not a valid Rider. Stephen went with Minnesota Life for the simple fact that they had the best rates at the time for privet pilots and he met all the requirements. For simple Life Insurance he would have received a better rate else ware. There is no Aviation Exclusion Rider In the index of his policy and again Stephen never gave written, verbal, or mail receipt signature of any such Aviation Exclusion Rider. I look for a Judges just ruling in my favor of this simple matter. If it is to be made more complicated I move to trial by Jury of my peers. Find attached the policy, and assignment of the policy to me. Also as this Policy came out of Minnesota. Minnesota Insurance Law 61A.06 Aviation and war risk exclusion permitted.

(Such limitation may be made by a provision in the policy or by a rider made a part there of provided, that no such limitation shall be effective unless and until the insured or applicant shall agree in writing thereto;).

Minnesota Life would be out of there mind to not get a Policy holder to agree to a Rider if there going to make it part of the policy. This is The USA and a Mans word is his John Hancock. So again when my dad in good faith paid for this policy He thought his loved ones would be taken care of in the unfortunate and unlikely event of his death. This is where they commit Bad faith. They took his money wile he was alive and would have profited nicely had he kept the policy and lived to a ripe old age. Greed has blinded this company in in my Duress they sought weakness and thought they could lie to save themselves money. They should not be in the Business of selling insurance if they plan on not paying policy's when it doesn't pan out in there favor this is Fraud selling false security to ones life.

As they fail to pay my claim that I have sought and asserted every possible way up to this point over the last years. I seek a judgment of money owed \$5,000,000 with interest and inflation. Plus any amount deemed fit by a judge or jury from this \$30,000,000,000 Company not to commit Fraud, and Deceit, nor cause any others Emotional Duress ever again.

Blessings upon All,
Matthew Thomas Lester



9734 South ~~30~~ Delaware Court #1704
Tulsa, OK 74137
#870-577-8803

**ASSIGNMENT WITHOUT RECOURSE
AND CONSENT TO PROBATE
FROM AND BY LESTER FAMILY REVOCABLE TRUST,
STEPHEN T. & DANA L. LESTER ESTATES
AND SARAH LESTER KIRBY**

TO AND BY

MATTHEW T. LESTER

THIS ASSIGNMENT OF ANY AND ALL RIGHT TO BRING ANY POTENTIAL CLAIM, WHETHER IT HAS MERIT OR NOT, ON BEHALF OF THE LESTER FAMILY REVOCABLE TRUST, THE ESTATE OF STEPHEN T. LESTER, AND THE ESTATE OF DANA L. LESTER AND SARAH LESTER KIRBY (the "Assignment") from Gentner F. Drummond, Trustee of the Lester Family Revocable Trust and Personal Representative of the Estates of Stephen T. Lester and Dana L. Lester (referred to in the singular as "Assignor" and as "Trustee") and Sarah Lester Kirby ("Assignor") to Matthew T. Lester ("Assignee"), is entered into effective the 18 day of ^{December}~~August~~, 2012, by and between Assignors and Assignee.

WHEREAS, on September 5, 2009, Stephen T. Lester and Dana L. Lester died in a plane crash;

WHEREAS, prior to his death, Stephen T. Lester was insured by a life insurance policy through Minnesota Life that reportedly included a rider and/or waiver provision as to aviation;

WHEREAS, upon an appropriate and thorough evaluation of the issues, Assignors and Trustee determined that there was no viable claim on behalf of the Lester Family Revocable Trust, the Estate of Stephen T. Lester, the Estate of Dana L. Lester, or any other potentially related person or entity;

WHEREAS, in 2012, Matthew T. Lester, a beneficiary of the Lester Family Revocable Trust and an heir of the Estate of Stephen T. Lester and the Estate of Dana L. Lester, settled any and all

potential claims he could ever have against counsel for Assignors, the Lester Family Revocable Trust, the aforementioned estates and Sarah Lester Kirby; and therefore, he has no interest in any of these entities or persons;

WHEREAS, Matthew T. Lester wishes to pursue a claim against Minnesota Life;

WHEREAS, the parties hereto have agreed that it is in the best interest of the parties for Assignors to assign without recourse all rights, title and interest in the Lester Family Revocable Trust, the Estate of Stephen T. Lester, the Estate of Dana L. Lester and Sarah Lester Kirby as to any claim against Minnesota Life, whether it has legal merit or not, to Assignee;

WHEREAS, the Parties have all agreed that it is in the best interest of the Parties for Trustee to probate the estates of Laura and Christina Lester and that Assignor Sarah Lester Kirby and Assignee Matthew T. Lester consent to the same.

NOW THEREFORE, premises considered, Assignors and Assignee agree as follows:

1. In consideration of the amount of \$1 to be paid by Matthew T. Lester, the receipt of which is acknowledged, Assignors hereby sell, assign, transfer, and set over **WITHOUT RECOURSE** to Matthew T. Lester the following:

all rights, title and interest in the Lester Family Revocable Trust, the Estate of Stephen T. Lester, the Estate of Dana L. Lester and Sarah Lester Kirby as to any claim against Minnesota Life, whether it has legal merit or not.

2. Assignee hereby indemnifies and holds Assignors harmless from and against any claims, causes of action, and/or liens incident to, relating from or in any way arising out of Assignee's actions as to Minnesota Life, and Assignee expressly acknowledges Assignors' full disclaimer as to any and all aspects of this claim.

3. Assignors hereby give Assignee the full power and authority, for Assignee's

own use and benefit, but at his own cost, to ask, demand, collect, receive, compound and give acquittance for the same or any part thereof, in law or in equity therefore. And, Assignors covenants and agrees to not hinder Assignee from collecting the same.

4. Assignor Sarah Lester Kirby and Assignee Matthew T. Lester hereby relinquish any and all right to object to Trustee Gentner F. Drummond's administration of the Estate of Laura Lester and the Estate of Christina Lester. Assignor Sarah Lester Kirby and Assignee Matthew T. Lester further affirm that she and he waive all possible rights to object, make demands, file lawsuits on behalf of either the Estate of Laura Lester or the Estate of Christina Lester, and any and all other right other than to receive inheritance under the Oklahoma law of intestate succession.

IN WITNESS WHEREOF the parties hereto have executed this Assignment on the date first above written.

ASSIGNORS:

GENTNER F. DRUMMOND, Trustee of the Lester Family Revocable Trustee and Personal Representative of the Estate of Stephen T. Lester and Dana L. Lester

By: 

Name: **Gentner F. Drummond**

By: 

Name: **Sarah Lester Kirby, an individual**

ASSIGNEE:

MATTHEW T. LESTER

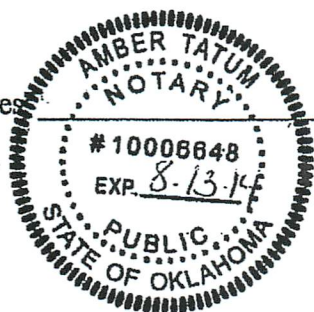
By: Matthew Lester 12/5/12
Name: Matthew T. Lester, an Individual

ACKNOWLEDGMENTS

STATE OF OKLAHOMA)
)
 COUNTY OF TULSA) SS:

Before me, a notary in and for said county and State, on this 21st day of Jan ³~~August~~, 2012, personally appeared **Gentner F. Drummond**, to me known to be the identical person who subscribed the name of the maker thereof to the foregoing instrument and acknowledged before me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

(Notarial Seal)
 My Commission Expires: _____



Amber Tatum
 Notary Public

Commission Number: _____

STATE OF OKLAHOMA)
)
 COUNTY OF TULSA) SS:

Before me, a notary in and for said county and State, on this 18 day of December ~~August~~, 2012, personally appeared **Sarah Lester Kirby**, to me known to be the identical person who subscribed the name of the maker thereof to the foregoing instrument and acknowledged before me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

(Notarial Seal)
 My Commission Expires: _____



Cora J. Stamps
 Notary Public

Commission Number: 06011319

IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA

IN THE MATTER OF THE ESTATE

OF

CASE NO. _____

LAURA LESTER,

Deceased.

CONSENT AND WAIVER REGARDING
APPOINTMENT OF GENTNER F. DRUMMOND

STATE OF OKLAHOMA)
) ss:
COUNTY OF OKLAHOMA)

I, Sarah Lester-Kirby of Edmond, Oklahoma, being of lawful age, do hereby state as follows:

1. That I am one of the heirs of the Estate of Laura Lester, deceased.
2. That I consent to the appointment of Gentner F. Drummond as personal representative and/or special administrator and waive any additional right to notice or hearing as to his appointment.

FURTHER YOUR AFFIANT SAYETH NOT.



Sarah Lester-Kirby

ACKNOWLEDGMENT

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

Before me, the undersigned, a Notary Public in and for said County and State on this 18
day of December 20 12, personally appeared Sarah Lester-Kirby, to me known to be the
identical person who executed the within and foregoing Consent and Waiver and acknowledged to
me that she executed the same as her free and voluntary act and deed for the uses and purposes
therein set forth.

Given under my hand and seal the day and year last above written.



(SEAL)
My commission expires: _____

Cora J. Harn
Notary Public

St. Paul, MN 55101-2098
For claim information:
1-800-641-4611
www.minnesotalife.com/benefits/indiv

MINNESOTA LIFE

July 11, 2013

MATTHEW LESTER
9734 S DELAWARE COURT #1704
TULSA OK 74137

**RE: NAME OF DECEASED: STEPHEN LESTER
POLICY 23794400
CLAIM #DC0071040
BENEFICIARY DESIGNATION: LESTER FAMILY IRREVOCABLE TRUST DATED 9/21/1992**

Dear Mr. Lester:

This letter is in response to your request for information regarding the above policy and the documentation received from the trustee of the above trust to release this information to you.

The above policy was paid under the Aviation Exclusion Rider which was attached to Policy 23794400. I have attached a copy of this rider for your review. The rider, in part, states:

"The liability of the Company under this policy shall be limited as hereinafter provided if the Insured dies as a result of travel or flight in, or descent from or with, any aircraft of the following circumstances:

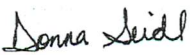
1. If the Insured is a pilot, officer, or member of the crew of the aircraft; or
2. If the Insured is operating, or assisting in the operation of that aircraft;....

"If death so occurs that the foregoing provisions limit the Company's liability under this policy, then, notwithstanding any and all other provisions of this entire policy, the Company's liability under this policy shall be limited to the payment in a single sum of an amount equal to the sum of the premiums paid on this policy, less dividends apportioned and credited, or the life insurance reserve on the policy, whichever is greater...."

The amount of the premium paid was \$10,275.00. The amount of the life insurance reserve as of the date of death was \$13,033.00, therefore the amount of \$13,033.00 was paid to the beneficiary, the trustee under the Lester Family Irrevocable Trust dated 9/21/1992.

If after reading this letter, you or your representative have any questions, please feel free to contact our office.

Sincerely,


Donna Seidl
Individual Claims

Encl.

**TERM
POLICY**

INSURED: STEPHEN T LESTER
 AGE & SEX: 45 - MALE
 FACE AMOUNT: 5,000,000
 POLICY NUMBER: 2-379-440
 ORIGINAL POLICY DATE: DEC 7 2006

Face Amount payable at death during the term period

Premiums as stated on the Policy Information Page

Conversion Privilege

Renewal Privilege

Nonparticipating

**READ YOUR POLICY CAREFULLY
THIS IS A LEGAL CONTRACT**

Subject to the provisions of this policy, we promise to pay to the beneficiary the death proceeds when we receive proof satisfactory to us that the insured died during the term period shown on the Policy Information Page.

We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

The owner and the beneficiary are as named in the initial application unless they are changed as provided for in this policy.

Signed for Minnesota Life Insurance Company, a stock company, at St. Paul, Minnesota, on the policy date:

Chet L. Smith

President

Devin E. Swanson

Secretary

Mark A. Gentry

Registrar

Notice of Your Right to Examine This Policy

It is important to us that you are satisfied with this policy after it is issued. If you are not satisfied with it, you may return the policy to us or to your agent within 10 days after you receive it. If you return the policy, you will receive a full refund of any premiums you have paid within 10 days of the date we receive your notice of cancellation.

If we do not give you a full refund within 30 days from the date of cancellation, we will pay interest on the proceeds which shall be the same rate of interest as the average U.S. Treasury Bill rate as of the preceding calendar year, as certified to the Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus two percentage points, which shall accrue from the date of cancellation until the full premiums are returned.

MINNESOTA LIFE

Minnesota Life Insurance Company
 400 Robert Street North
 St. Paul, MN 55101-2098

DUPLICATE POLICY

INDEX

Assignment	6
Beneficiary	4
Benefits	2
Definitions	3
Grace Period	4
Incontestability	6
Lapse (Premiums)	4
Owner	3
Premiums	3
Reinstatement (Premiums)	4
Renewal Privilege	3
Settlement Options	5
Suicide Exclusion	6

This policy, being a duplicate copy of the originally issued under the same number, Minnesota Life Insurance Company is liable under only one Policy bearing this number.

POLICY DATA PAGES

PREMIUM CLASS: PREFERRED SELECT
NON-TOBACCO

INSURED: STEPHEN T LESTER

PAYMENT OPTIONS	PREMIUM	ANNUAL PAYMENT
ANNUAL	\$3,425.00	\$3,425.00
SEMI	\$1,746.75	\$3,493.50
QUARTERLY	\$890.50	\$3,562.00
MONTHLY	\$299.69	\$3,596.28

AGE & SEX: 45 - MALE

FACE AMOUNT: 5,000,000

POLICY NUMBER: 2-379-440

ORIGINAL POLICY DATE: DEC 7 2006

```

* * * * *
*
*
*          TERM POLICY
*
*   FACE AMOUNT PAYABLE AT DEATH
*   DURING THE TERM PERIOD
*
*   CONVERSION PRIVILEGE
*
*   RENEWAL PRIVILEGE
*
*
* * * * *

```

TYPE OF COVERAGE	AMOUNT	PREMIUMS PAYABLE	ANNUAL PREMIUM
BASIC POLICY			
LEVEL PREMIUM - TERM INSURANCE -		THROUGH	
TERM PERIOD TEN YEARS	\$5,000,000	DEC 6 2016	\$3,425.00
RENEWAL PRIVILEGE -			
SEE FOLLOWING PAGES FOR			
RENEWAL PREMIUMS THROUGH DEC 6 2056			
CONVERSION PRIVILEGE			
CONVERSION PERIOD ENDS DEC 6 2016			
ADDITIONAL AGREEMENTS -			
ACCELERATED DEATH BENEFIT			
AGREEMENT			
THERE IS NO PREMIUM CHARGE			
FOR THIS AGREEMENT			
TOTAL ANNUAL PREMIUM ON POLICY DATE	- - - - -		\$3,425.00

00-411

3586-0

POLICY DATA PAGES

INSURED: STEPHEN T LESTER

BASIC POLICY

POLICY NUMBER: 2-379-440

TERM INSURANCE - RENEWAL PREMIUMS BASED ON CURRENT EXPERIENCE

RENEWAL DATE	ANNUAL	SEMI-ANNUAL	QUARTERLY
DEC 7			
2016	\$35,125.00	\$17,913.75	\$9,132.50
2017	\$38,725.00	\$19,749.75	\$10,068.50
2018	\$42,575.00	\$21,713.25	\$11,069.50
2019	\$46,775.00	\$23,855.25	\$12,161.50
2020	\$51,475.00	\$26,252.25	\$13,383.50
2021	\$56,675.00	\$28,904.25	\$14,735.50
2022	\$62,525.00	\$31,887.75	\$16,256.50
2023	\$69,175.00	\$35,279.25	\$17,985.50
2024	\$76,725.00	\$39,129.75	\$19,948.50
2025	\$85,275.00	\$43,490.25	\$22,171.50
2026	\$94,725.00	\$48,309.75	\$24,628.50
2027	\$104,975.00	\$53,537.25	\$27,293.50
2028	\$115,975.00	\$59,147.25	\$30,153.50
2029	\$127,825.00	\$65,190.75	\$33,234.50
2030	\$140,675.00	\$71,744.25	\$36,575.50
2031	\$155,275.00	\$79,190.25	\$40,371.50
2032	\$174,425.00	\$88,956.75	\$45,350.50
2033	\$190,775.00	\$97,295.25	\$49,601.50
2034	\$212,625.00	\$108,438.75	\$55,282.50
2035	\$237,175.00	\$120,959.25	\$61,665.50
2036	\$263,575.00	\$134,423.25	\$68,529.50
2037	\$291,325.00	\$148,575.75	\$75,744.50
2038	\$321,075.00	\$163,748.25	\$83,479.50
2039	\$351,725.00	\$179,379.75	\$91,448.50
2040	\$384,225.00	\$195,954.75	\$99,898.50
2041	\$428,675.00	\$218,624.25	\$111,455.50
2042	\$478,825.00	\$244,200.75	\$124,494.50
2043	\$536,125.00	\$273,423.75	\$139,392.50
2044	\$601,475.00	\$306,752.25	\$156,383.50
2045	\$674,225.00	\$343,854.75	\$175,298.50
2046	\$753,075.00	\$384,068.25	\$195,799.50
2047	\$837,075.00	\$426,908.25	\$217,639.50
2048	\$925,725.00	\$472,119.75	\$240,688.50
2049	\$1,017,525.00	\$518,937.75	\$264,556.50
2050	\$1,113,675.00	\$567,974.25	\$289,555.50
2051	\$1,215,275.00	\$619,790.25	\$315,971.50
2052	\$1,323,875.00	\$675,176.25	\$344,207.50

00-411

POLICY DATA PAGES

CONTINUED FROM PAGE 1B

INSURED: STEPHEN T LESTER

BASIC POLICY

POLICY NUMBER: 2-379-440

TERM INSURANCE - RENEWAL PREMIUMS BASED ON CURRENT EXPERIENCE

RENEWAL DATE	ANNUAL	SEMI-ANNUAL	QUARTERLY
DEC 7			
2053	\$1,442,625.00	\$735,738.75	\$375,082.50
2054	\$1,576,025.00	\$803,772.75	\$409,766.50
2055	\$1,743,325.00	\$889,095.75	\$453,264.50

Jul 13 2006

MINNESOTA LIFE

MILITARY/AVIATION STATEMENT

Minnesota Life Insurance Company • Individual Underwriting • 400 Robert Street North • St. Paul, Minnesota 55101-2008
PROPOSED INSURED'S NAME (Please Print)

MILITARY STATEMENT. Complete the appropriate section on (1) M.D.'s and Medical Students under age 35 (2) ROTC, National Guard Reserve and Military Personnel

A. CIVILIAN APPLICANTS

- 1a. Are you in the Reserve or National Guard? ☐ Yes ☐ No
 b. ☐ Inactive ☐ Active (If Active, Complete Section B)
- 2a. Are you in the ROTC? (If yes, Complete Section B) ☐ Yes ☐ No
 b. ☐ Basic ☐ Advanced
3. If physician or dentist
 a. Is your military service completed? ☐ Yes ☐ No
 b. Will you be a flight surgeon or a flight medical officer? ☐ Yes ☐ No
 c. Are you in the Barry Plan or any other Military Education Plan? ☐ Yes ☐ No
 d. Branch of Service?
4. Do you expect to be called for active duty? ☐ Yes ☐ No
5. If yes, give date _____ and Complete Section B

B. MILITARY PERSONNEL

1. Branch of Service _____ Pay Grade _____
- 2a. All MOS and occupational classifications _____
 b. Are you drawing hazardous duty pay? ☐ Yes ☐ No
 (If yes, explain below)
- 3a. Are you attending or a graduate of a military academy? ☐ Yes ☐ No
 b. School _____ Graduation Date _____
4. Are you on flight duty now or will you fly as a pilot, crew member or flight surgeon in the future? ☐ Yes ☐ No
 (If yes, complete Aviation Statement)
- 5a. Are you on orders or have you been alerted for overseas duty? ☐ Yes ☐ No
 b. If yes, give details consistent with Security Regulations
 Date of Departure _____ New Station _____
 Duty Assignment _____

AVIATION STATEMENT. Complete on all Military or Civilian Pilots and Crewmembers or other Flight Personnel

1. Type of License or certificate Private Pilot Class III
 a. Date issued 4/20/1987
 b. Date of last flight physical 10/04/2005
2. Type of Aircraft (Make and Model Number) _____
3. Do you rent, lease or own the aircraft? ☐ Rent ☐ Lease ☐ Own
4. Total hours flown as pilot 80 Crew 0
 Date of last flight as pilot 01/29/2006 Crew 0
5. Has your license or certificate ever been revoked or suspended? (If yes, give details below) ☐ Yes ☒ No
7. As a pilot, have you ever had an aviation accident or violation? (If yes, give details below) ☐ Yes ☒ No
8. If a private pilot, are you Instrument Flight Rules (IFR)? ☐ Yes ☒ No
9. Do you ever fly outside the continental U.S. or Canada? (If yes, give details below) ☐ Yes ☒ No
10. Do you want full aviation coverage if eligible? (An extra premium may be necessary) ☒ Yes ☐ No

TYPE OF FLYING

			Next 12 Mos.	Last 12 Mos.	1-2 Yrs. Ago	2-3 Yrs. Ago
1a. Scheduled Airlines	<input type="checkbox"/> Domestic <input type="checkbox"/> International (Explain below)	Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
b. Company owned executive aircraft used for transportation of employees		Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
c. Non-scheduled airlines, charter, photography, surveying, sight-seeing, aerial application, crop dusting, testing, glider (Explain below and advise of any modifications to the aircraft for this purpose)		Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
d. Flight instruction		Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
e. Private and pleasure flying		Pilot <input checked="" type="checkbox"/> Crew <input type="checkbox"/>	60	25	0	0
f. Military Aviation		Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
g. Helicopter		Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				
h. Any other flying (Explain below)	Observer <input type="checkbox"/> Passenger <input type="checkbox"/> Paratrooper <input type="checkbox"/>	Pilot <input type="checkbox"/> Crew <input type="checkbox"/>				

2. ALWAYS INCLUDE TOTALS

REMARKS

I hereby declare that all statements and answers to the foregoing questions are, to the best of my knowledge and belief, complete and true and I agree that they shall form a part of my application for insurance made to Minnesota Life Insurance Company, of St. Paul, Minnesota, and of any policy issued thereunder.

WITNESSES

UNWITNESSED

APPLICANT

DATE

F. HNC 4000 10-1008

5/13/2006

JUL 13 2006
2:00 (24) AM

MINNESOTA LIFE

APPLICATION PART 1

Minnesota Life Insurance Company • Individual Policy Issues • 400 Robert Street North • St. Paul, Minnesota 55101-2000

ALL APPLICATIONS - PERSONAL INFORMATION

PROPOSED INSURED'S NAME (Last, first, middle name)

Lester, Stephen, T
STREET ADDRESS OR RFD ROUTE
7264 South 26th W Ave
CITY OR TOWN

Tulsa

SOCIAL SECURITY NUMBER

443-72-5428

HOME TELEPHONE NUMBER

(918) 440-1282

EMPLOYER'S NAME

Pain Care Associates of Okla

BUSINESS ADDRESS

6555 South Yale, Suite 1110

CITY OR TOWN

Tulsa

OCCUPATIONAL TITLE

Physician

BASE POLICY INFORMATION

BASE FACE AMOUNT

\$ 6,000,000

PRODUCT

Preferred Advantage 10, [] Advantage 20

Premiums payable:

☒ Annual☐ Monthly Automatic Payment Plan #☐ List Bill Plan # N/A

Annually for: \$3,175.00

☐ Semi-annual☐ Quarterly☐ Payroll Deduction Plan # N/A

Premiums paid by:

☐ Proposed Insured ☐ Employer ☒ Other (Indicate name and address in Additional Remarks, page 2.)

ADDITIONAL BENEFITS AND AGREEMENTS: (Select only those available for the particular product.)

☐ Accelerated Benefits Agreement (Attach completed Outline of Coverage/Accelerated Benefit Agreement.)☐ Waiver of Premium Agreement

REPLACEMENT

Will this policy replace any existing life insurance or annuity?

☐ Yes ☒ No

Has there been or will there be a lapse, surrender, loan, withdrawal or other changes to any existing life insurance or annuity as a result of, or in anticipation of this application?

☐ Yes ☒ No

If yes to either question, please indicate which coverage will be replaced in the box below and submit replacement forms where required.

LIFE INSURANCE IN FORCE AND PENDING:

Does the proposed insured have any life insurance in force or pending? ☒ Yes ☐ No (If yes, indicate below.)

Year Issued	Amount	Type of Coverage	Full Company Name	Policy Number(s)	Business/Personal	Pending Yes	Pending No	Will it be Replaced?
1998	50K	Term	Old Line	AN0210495				Maybe

BENEFICIARIES:

Beneficiaries may be labeled class 1, 2, or 3; the class determines the order in which death proceeds should be paid. If there is more than one surviving beneficiary in the same class, they will share benefits equally, unless we are told otherwise. The Owner may change any beneficiary unless designated "irrevocable" below. All of this is subject to the complete beneficiary provisions in the policy. If the beneficiary is a trust, please indicate the date it was established and give its complete name.

Class	Print given name, middle initial and surname. (If Corporate Beneficiary, give full name and State of Incorporation.)	Relationship to Proposed Insured
100%	See attached beneficiary designations.	trust
100%	Dana L. Lester (contingent), Date of Birth/Trust: 12/19/1961	Wife

ADDITIONAL REMARKS FOR POLICY ISSUES ON UNDERWRITING:

If approved, please make my coverage effective on Sunday, May 14, 2006.

Premium ordered for: Monday, May 22, 2006, 7:00 a.m. at Office

L 01532 12-2000

1

Courtesy Reminder

MINNESOTA LIFE
Protecting America Since 1880.
Activation Form.

 Minnesota Life Insurance Company
 Accidental Death & Dismemberment Insurance Request

Requested by: February 5, 2012

Prepared for:

 Matthew T Lester
 10024A Lilac Ln
 Harrison, AR 72601-4988
 174722644062 LESTE1 CVKMHJ8 S E

Pre-approved for:

 \$1,000.00* of insurance paid for by Wells Fargo Bank, N.A. for one year.
 Up to \$300,000.00* additional protection upon request.

Yours for \$5.50 a month per \$50,000 of coverage.*

Plus you get the one year of \$1,000 of coverage paid for by Wells Fargo Bank, N.A.

☒ **YES**, I accept the \$1,000.00 of insurance coverage paid for me by Wells Fargo Bank, N.A. for one year by signing below and mailing this form.

Please increase my protection with the insurance coverage I've checked below.

Select your coverage level:

recommended for Matthew T Lester

☐ **\$300,000.00**
☐ \$100,000.00

☐ \$150,000.00

☐ \$50,000.00

Choose Family or Single Coverage* Unless I check the Family coverage box, I am selecting Single coverage. The Family plan protects spouse and children at a percentage of your coverage amount. See additional coverage Rate Schedule for monthly costs. Please check one:

☐ **Family** (covers you, your spouse and dependent children)

☐ **Single** (covers you alone)

Name your beneficiary (please print clearly)

Beneficiary _____

Relationship to you _____

SEND NO MONEY NOW. Simply sign and mail this form today.

Charge Authorization: Yes! Please enroll me in the Accidental Death & Dismemberment Insurance Plan underwritten by Minnesota Life Insurance Company. I have read, understand and agree to all disclosures provided, and I verify that I am at least age 18. I authorize my financial institution and its service provider to automatically debit my Wells Fargo® checking account monthly according to the Rate Schedule for any additional coverage I select. Coverage begins on the Effective Date stated on the Certificate of Insurance, provided the first premium is paid and received by Minnesota Life Insurance Company.

A 0022 91799 V01 0085450.357220 CVKMHJ 87246.117



Sign here: _____

Date _____

Must be signed by one of the addressees above. For joint accounts, signer will be the primary insured. Must be age 18 or older.

05-50276

*All coverage is reduced by 50% at age 70. See the rates for additional coverage in the enclosed brochure.

Robert I. Dudacek, Licensed Agent #40013001

MINNESOTA LIFE

Insurance provided by Minnesota Life Insurance Company
 400 Robert Street North, St. Paul, Minnesota 55101-2098